DOCUMENT RESUME

ED 382 903 CG 026 243

AUTHOR	Kneidek, Tony
TITLE	Project Imani: Changing the Way the World Works for People: A Guide to Family-Based Alcohol and Other Drug Education for Young Children.
INSTITUTION	Albina Head Start Association, Portland, OR.; Western Regional Center for Drug-Free Schools and Communities, Portland, OR.
SPONS AGENCY	Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Center for Substance Abuse Prevention.
PUB DATE	95
NOTE	45p.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Alcohol Education; *Child Health; Counseling; Curriculum Development; *Drug Education; *Early Intervention; Health Education; Outreach Programs; *Preschool Education; *Prevention; Self Esteem; Social Work
IDENTIFIERS	Oregon (Portland); *Project Head Start

ABSTRACT

Imani includes an AOD- (alcohol and other drug) prevention curriculum that has been infused into each of the 16 Albina Head Start sites in Portland Oregon. Imani, which means "faith" in Swahili, was developed to assist Head Start teachers in providing an AOD-prevention curriculum for preschool children. However, it has become much more. The project provides services in three related areas: (1) providing families with information, workshops on topics they have identified as important, and access to community resources that can help ease the transition from unemployment to work or school; (2) helping children feel good about themselves and their families by providing lessons that help them make wise choices in their lives and avoid the use of alcohol and other drugs; and (3) providing families access to a variety of basic support and training services available from social service agencies throughout the community. Seven family team specialists work with Imani family members. An evaluation of the program found that it increased families' lines of communication and awareness of AOD issues. Other results included families seeking more counseling, improved self-esteem, increased parental involvement in children's lives, and the positive feedback from other agencies concerning the Imani program. (Contains 25 references.) (JE)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 382 903

Written by Tony Knedek

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement,
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. KIRKPATRICK

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG026243

BEST COPY AVAILABLE

Albina Head Start Program

A Commitment to Quality
An Investment in Our Future

3417 N.E. 7th Avenue
Portland, Oregon 97212
Phone: (503) 282-1975
Fax: (503) 282-1986

Rick Stier photos appear on cover and pages 8, 11, 12, 21, 22, 25, 29, 33, 34, 35, 39, 40.

Tony Kneidek photos appear on cover and pages 7, 13, 14, 17, 19, 20, 23, 41, 42.

This implementation guide was developed by Albina Head Start and Project Imani with the assistance of the Northwest Regional Educational Laboratory. The contents of this publication were developed under a grant from the U.S. Department of Health and Human Services, Center for Substance Abuse Prevention. However, the contents do not necessarily represent the policy of the Department of Health and Human Services and no endorsement by the Federal Government should be assumed.

Neither the photographs in this report nor the persons appearing in them are intended to illustrate or imply representation of the findings in this study.

PROJECT IMANI

Changing the Way the World Works for People

Published by

Western Regional Center for
Drug-Free Schools and Communities
Northwest Regional Educational Laboratory
Portland, Oregon

and the

Albina Head Start Association
Portland, Oregon

1995

Dedication

This publication is dedicated to Karen Reed Wikelund and Christina Clegg for their vision, commitment, laughter, and love of children. Without their efforts, Project Imani and Albina Head Start would not be the same.

Contents

Forward:
Dancing in the Dust of Childhood 4

Introduction:
In the River, at the Headwaters 6

Overview:
Children Need to be Connected to Elders 10

Chapter 1:
A New Vision, A Grass-roots Commitment 16

Chapter 2:
Fostering Resiliency in Young Lives 18

Chapter 3:
Assessing Imani 28

Chapter 4:
FTS: Vital Links Between Home and School 32

Chapter 5:
The Critical Role of Families 38

Those Who Helped 44

References 46

Dancing in the Dust of Childhood

Imani means faith in Swahili. It is a fitting name for an early childhood alcohol and other drug education program that places its faith in the families and children involved in the Albina Head Start program in Portland, Oregon.

We know there are some people out there who are already shaking their heads as if to say, "Wait a second. Did you say alcohol and other drug use prevention program for preschoolers? Has the world really come to that? Gimme a break. I don't want three- to five-year-old kids to be learning about crack, cocaine, and marijuana."

And you know what? Neither do we. But our children need to know that alcohol and other drugs can lead to violence, pain, suffering, and a life of despair. Some of our children already know. They've heard the gunshots in their neighborhoods. They've attended the funerals for loved ones or friends lost to drug-induced violence. They've found the needles in the park or the baggie at the bus stop. They know without our ever saying anything. They know.

What we in Project Imani strive to provide our children are positive messages about themselves. We want them to begin making serious choices early in life so they can make wise choices later in life. We want them to know they are important individuals who contribute to a dynamic group process. We want them to learn to identify feelings and to become comfortable expressing them. We want them to make sensible choices about health and nutrition. We want them to evaluate safe and unsafe situations. And certainly, we want to increase their awareness about the effects of alcohol and other drug use.

We also want the same things for our children that you want for yours and that our parents and grandparents wanted for us a generation or two ago: A loving home in a safe neighborhood. Food on the table. A roof over their heads. The freedom to learn, explore, play, and laugh on a daily basis. We want our kids to dance in the dust of childhood before they are forced to stand in the shadow of adulthood.

The world isn't the same place it was 20, 30, or 40 years ago. Today, alcohol and other drugs are pervasive in our society, and children are exposed at increasingly younger ages and with increasing frequency.

But it's not just the prevalence of drugs during adolescence that we're talking about. And it's not just hardened neighborhoods where drug dealing and gang warfare rob many of our young people of opportunities to lead productive lives. No, the syringes are now found in suburban parks as well as on urban playgrounds. The kids who are running and dealing drugs go home to tree-lined subdivisions as well as run-down neighborhoods. And kids from New York City to Salem, Oregon, carry guns or other weapons to school.

These behaviors are learned in a society where toy stores are stocked with guns that mimic the real thing; where video games sell violence, destruction, and sexual aggression; where music and television glorify drug use; and where children can dial a number for quick sex on the telephone. So we also must address the messages of the mass media—the cartoon characters, cigarette billboards, liquor advertisements, drug-inspired movies, violent television shows, and the notion that there is a pill for every occasion—that bombard and entice our chil-

children daily. Preschool is not too early to start.

Children need to know how to make sense of their world and to overcome the confusion and contradictions they see on a daily basis. One critical way to help strengthen children is to help strengthen their families. Project Imani does this as well. It reinforces the critical role of families already recognized in the Albina Head Start program (AHS). Seven family team specialists work directly with parents, grandparents, aunts, uncles, and other primary caregivers in the lives of these children. The families support their children and Imani through homework activities that complement classroom lessons. They also volunteer in classrooms; attend family meetings and workshops; serve on policy, business, and personnel councils; and in other ways assist Project Imani and Albina Head Start.

What we want is to make families and their children successful. We can do that by looking at our world and saying, "There must be a better way." Then we must find and create that better way and help people to navigate to it. That is our hope and our goal in Project Imani.

It is also our hope that this Imani implementation guide will provide a road map for you to help the children and families in your community. As educators, parents, and community members we can expect no less of ourselves and our neighbors.

Ronnie Herndon

Ron Herndon
Director
Albina Head Start

Dr. Ethel Simon-McWilliams
Associate Executive Director
Northwest Regional Educational Laboratory

Judith A. Johnson

Judith A. Johnson
Imani Project Manager/Director
Western Regional Center for Drug-Free Schools and Communities

In the River, at the Headwaters

Two stories are told. The first is of a young girl and her grandfather who are walking along a desolate stretch of Oregon beach. The sun-baked sands are littered with thousands of clams that washed ashore in the recent tide. As they walk, the girl picks up a clam and tosses it into the receding ocean. She repeats this simple act frequently.

"Granddaughter," says the old man. "What is it that you hope to accomplish by throwing the clams back into the sea?"

"I'm saving them," the girl replies. "Surely, they will die if left on the warm, dry sands."

The pair walk in silence, and the girl continues to routinely return the clams to the sea. Her grandfather becomes increasingly annoyed with the delays and with the child's insistence on saving the clams. "You must see," he says, "that there are thousands of clams on this beach. You cannot expect to save them all. I fear, granddaughter, that your innocent efforts are useless. What you are doing will make no difference."

The girl and her grandfather walk on. She picks up another clam, studies the silent mystery of its design, then skips it across the surface of the sea. "You know what, grandpa?" she says. "It made a difference to that one."

❖ ❖ ❖

In the Albina Head Start program, administrators, teachers, support staff, families, and others are making a difference and honoring the individual strengths of each of the more than 300 preschool children under their care. These children come from families struggling to make it on incomes below the federal poverty level. Many come from neighborhoods where gang warfare flares nightly, where life is threatened by poverty and violence, and where families teeter on the brink of hopelessness.

But these children also come from families working hard to make ends meet after a lifetime of living in poverty. Parents and other family members are attending school, learning new skills, and taking charge of their own lives. They are realizing that they have the strength and power to chart a new course for themselves and their children. The strength and resilience of these families is being enhanced by teachers and their aides who work with children on a daily basis to build self-esteem, assertiveness skills, respect for self and others, and age-appropriate academics among other things.

Head Start programs throughout the country help to empower families and their children. What sets the Albina Head Start program apart is Project Imani, an alcohol and other drug use (AOD) prevention program for preschool children. Imani includes an AOD-prevention curriculum that has been infused into each of the 16 Albina Head Start sites in the Portland, Oregon, metropolitan area. Imani, which means "faith" in Swahili, was developed to assist Head Start teachers in providing an AOD-prevention curriculum for preschool children.

However, it has become much more. It provides community resources, parenting skills, and personal growth activities that help strengthen families. It is, in many ways, a lifeline for the 320 families participating in Albina Head Start. The project provides services in three related areas:

- With Families: Imani provides families with information, workshops on topics that they have identified as important, and access to community resources that can help ease the transition from unemployment to work or school.

- With Children: Imani helps children feel good about themselves and their families by providing lessons that help them make wise choices in their lives and avoid the use of alcohol and other drugs.

- With Community Services: Imani provides families access to a variety of basic support and training services available from social service agencies throughout the community.

Seven family team specialists work with Imani family members to help them navigate in times of crisis and to simply get through the changes occurring in their lives. These specialists get to know families well. They offer emotional support, parenting tips, job leads, confidentiality, and a direct link to community resources.

Head Start and Project Imani help children learn about themselves, their feelings, their self-worth, and their personal strengths on an individual basis. But they also seek to positively influence the workings of the family, the structure of the community, and the indifference that can be part of a society bombarded with negative messages about those in need. Imani seeks to get at the cause of problems, not merely to address the symptoms.

And that brings us to our second story. It involves a young man who is walking along a river that flows through a forest in a steep, mountainous area. As he sits on the riverbank, he hears the scream of a baby and watches in horror as an infant comes bobbing down the swift waters.

The man wades in and plucks the baby from the river. As soon as he does, another baby comes screaming down the rapids, then another and another. The man works frantically to save all the babies until there are no more children in the river. He collapses, exhausted, in a clearing.

Just then, a woman appears and looks at the numerous squalling babies the man has saved. "Where have all these children come from?" she asks.

"The river," the man replies. "They were floating down the river, screaming and near drowning. I was able to save most of them, but I fear others will be along soon and I will have to save them as well."

The woman listens, then replies, "It is good that you have saved these children. But rather than waiting to save more babies, I suggest we go upstream and find out who is throwing the children in the river and stop them from continuing. That will make a real difference."

❖ ❖ ❖

Albina Head Start and Project Imani are at the headwaters and in

the river. The programs provide daily reinforcement of positive values and goals for young children in their 16 preschool classrooms. They also seek structural changes by working with the families of these children in caring and nurturing ways, helping them to change their lives and the lives of their children.

This implementation guide is more than a road map for integrating an AOD-prevention program in your Head Start, preschool, or other early childhood education program. Equally important, it tells the stories of those who have been involved in the merger of Head Start and Imani. And it offers their insights about the challenges, rewards, setbacks, and successes involved in taking risks intended to assist families and their children. We hope you find this guide useful in your efforts to help shape a brighter future for children and families in your community.

Children Need to be Connected to Elders

We've all read the stories, seen the news clips, and talked with neighbors, friends, family members, and colleagues about what seems to be an ever-escalating rate of crime, violence, and drug abuse among young people in the United States. We wonder when and how this trend will end. What act, law, or leader will come along to instill a sense of value and worth in our families and children that will stem the violent tide?

We should stop wondering and start acting.

When a preschool child is involved in a drug ring or a preteen is murdered—or commits murder—in a drug-related crime, we should all be appalled. When children are abused and neglected by people they know and trust, we should all be moved to action. Often, we are not. It's as though we have been anesthetized to the horrors around us. This indifference led Ellen Condliffe Lagemann, editor of the *Teachers College Record*, to ask: "What is happening to children in the United States today? Worse yet, what is happening to all of us — the adults — who are responsible for the well-being of children?"

What is happening? Well, a lot of adults are locked in their homes, peering through curtains, and mainlining talk-show television. Their views of the world are shaped by the fear and quirkiness that the mass media would like us to believe is just outside our homes. We may be critical of what we see, but on some level we begin to believe it. The world starts looking pretty sick. We don't interact with our neighbors and our community. We numb out. We retreat.

"Our indifference," writes Lagemann, "is in part a result of our growing inability to be shocked. The media bring so much violence and suffering into our lives in such graphic color that it is difficult to respond with appropriate revulsion. Our nerve endings have been anesthetized."

Lagemann does more than define a problem, though. She puts her faith in families and the rebuilding of communities to create a "moral life that is analogous to a story or narrative that has both temporal coherence as a result of movement from birth to death and integration around a distinctive sense of self."

Connecting children to their elders and cultures through stories is a critical element when building a sense of self in young people. "It is imperative, therefore, that children have access to storytellers and to settings conducive to storytelling," Lagemann says. "They need adults in whose life stories they can anchor their own and with whom they can talk about and mold their emerging selves. They need adults who can be what MacIntyre would call the co-authors of their selves."

Lagemann draws on the work of philosopher and author Alasdair MacIntyre, especially his work *After Virtue: A Study in Moral Theory*. MacIntyre's philosophic claim "that moral development is dependent on close, caring relationships between adults and children" has been lost in the numbing of America. But there is a body of empirical data that shows that just one caring adult can positively influence the life of a child.

Perry Documents Long-term Benefits

Among the best known and most significant studies is the Perry Preschool longitudinal study, which found that a quality preschool program could have remarkable long-term impact on the lives of children as they grow to adulthood. For the study, children were randomly selected to be part of a "program" group, where they enrolled in a high-quality preschool program, or a "no-program" group, where they received no formal preschool education. Consider the following findings when the most recent follow-up study was conducted on the participants, now age 27. The program group, according to *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27*, had:

- Significantly higher monthly earnings
- Significantly higher percentages of home ownership
- A significantly higher level of schooling completed
- A significantly lower percentage receiving social services at some time in the previous 10 years
- Significantly fewer arrests by age 27, including significantly fewer arrests for crimes of drug making or dealing

A quality preschool program, which may seem costly at first, carries with it long-term economic benefits to society. "Compared with the preschool program's cost, these benefits make the program a worthwhile investment for taxpayers as well as for society in general," authors of the Perry Preschool study note. "Over the lifetimes of the participants, the preschool program returns to the public an estimated $7.16 for every dollar invested."

The report recommends that preschool programs become more widespread, especially for children living in poverty. Such a policy would:

- Provide for all three- and four-year-olds living in poverty a classroom program operating at least 12.5 hours a week
- Use developmentally appropriate practices that encourage child-initiated learning activities
- Have a high level of outreach to parents as partners
- Maintain a child-staff ratio of no more than 10 children per adult
- Employ staff who are well trained in early childhood education
- Provide consistent staff supervision and staff training in the developmentally appropriate curriculum approach used

Can Preschool Influence AOD Abuse?

While the use of alcohol and other drugs was not measured in the Perry Preschool study, Bonnie Benard, a resiliency specialist with the Western Regional Center for Drug-Free Schools and Communities, argues that the group enrolled in the preschool program would have shown lower levels of substance abuse. "If substance abuse

had been measured, we would be seeing similar significant reductions in use by the experimental group just as we saw significantly less involvement in delinquency, dropping out of school, and teen pregnancy," she writes in the June 1985 *Prevention Forum*.

Benard's observations came after release of the High/Scope study that tracked participants when they were 19 years old. She bases her views on theory that shows that individuals who engage in problem behavior do so in a variety of settings. The theory, she writes, "continues to be validated in prevention literature. According to this theory, problem behaviors in youth such as alcohol/drug abuse, dropping out of school, running away from home, delinquency, and teen pregnancy cluster together; that is, youths involved in one of these behaviors will likely be involved in the others."

The Perry Preschool study clearly shows that a quality preschool program can provide a framework for long-term success in life. "Perhaps the foremost message . . . is the importance of early intervention at the preschool level," Benard writes. Junior and senior high school is too late to begin prevention programs, and "interventions at age three and four can have significant long-term effects."

Ura Jean Oyemade and Valora Washington maintain that there is a "compelling ethical responsibility" for early childhood educators to be concerned about drug abuse. In addition, they note that preschool teachers "practice two of the most effective techniques for preventing drug abuse—classroom teaching in appropriate programs and working with parents."

The notion of working with and knowing the families of children in early childhood education programs is among the common threads of quality preschool programs. "The root of drug abuse clearly lies in family child-rearing practices and early childhood program teaching techniques," Oyemade and Washington write in an article, "Drug Abuse Prevention Begins in Early Childhood."

Initially, the authors maintain, early childhood educators need to learn more about the families of children under their care "so that strategies can be designed to meet their needs." They should know how families discipline their children, their parenting style (disciplinarian, authoritarian, democratic, etc.), how they communicate within the family, adult family members' involvement with AOD, employment status, and a host of other factors that influence children.

Citing extensive research, Oyemade and Washington note factors typical in families where children avoid drug abuse and delinquent behavior:

- Warm, positive family relations
- A shared family commitment to education and society's general values
- A tendency to attend religious services
- Sharing of household tasks
- High aspirations for children's success

- Strong kinship networks among family members

- Family pride in children's accomplishments

"One of the most important factors that seems to lead teenagers away from drug and alcohol abuse is the use of a reasoned, democratic parenting style," the authors write. "Children may help set the rules and certainly understand why they are necessary. The rules are thus more likely to be internalized. Teenage achievers often come from homes where parents use positive discipline, nurture and supervise their children, and hold strong religious values."

Involvement Begins Early

A substantial percentage of young people begin their involvement with alcohol and other drugs long before they have entered high school. Joyce Fetro, author of *Step by Step to Substance Use Prevention*, notes that:

- 37 percent of eighth-graders, 26 percent of 10th-graders, and 19 percent of 12th-graders had smoked their first cigarette by the sixth grade

- 41 percent of eighth-graders, 23 percent of 10th-graders, and 9 percent of 12th-graders had tried alcohol by the sixth grade

- 13 percent of eighth-graders, 20 percent of 10th-graders, and 11 percent of 12th-graders had tried marijuana by the eighth grade

Traditional prevention programs were school-based and focused on accurate information and individual behavior. "Recent research, however, has shown that prevention programs must include broad-based parent and community involvement, present skill-building activities as well as information, and impact all social systems influencing the individual," Fetro writes.

Several key elements emerge from research that provide the framework for an effective early childhood education program, including reliable information; self-esteem and goal-setting activities; parent and family involvement; skill development in decisionmaking and coping with stress; communication and assertiveness training; and refusal and resistance skills.

Families must be involved in meaningful activities such as policy setting, personnel, and business decisions as well as the more traditional classroom and fundraising activities.

In fact, note Oyemade and Washington, families also need services relating to stress management, resource identification, family support, and education. It all centers on the family's ability to rear children in a positive, nurturing home. "A good drug-abuse prevention program can help parents learn how to develop skills in family management, consistent interaction, reinforcement of children's learning, and how to teach young children appropriate interpersonal skills," they write.

"Some parents will, of course, pick up on these discipline styles by watching teachers at work with their children. Most, however, can benefit from participation in groups."

New Priorities Needed

In her book, *The Challenge to Care in Schools: An Alternative Approach to Education*, Nel Noddings calls for a reordering of priorities in the country's schools, one that is "organized around themes of care rather than the traditional disciplines. All students," she writes, "should be engaged in a general education that guides them in caring for self, intimate others, global others, plants, animals, the environment, the human-made world, and ideas.

"Moral life so defined should be frankly embraced as the main goal of education," she writes. "Such an aim does not work against intellectual development or academic achievement. On the contrary, it supplies a firm foundation for both."

Lagemann also writes that education needs to be redefined in broader terms that address the realities faced by children and families. "Education is not just about competence and skills," she writes. "It is about insight and thoughtfulness, autonomy, commitment, and social connection. It is hardly surprising, therefore, that to grow up well young people need close, generative relationships with adults and opportunities to identify with and be a part of traditions, goals, and values that are shared across members of a group."

That type of education—one that fosters resiliency, positive self-esteem, concern for others, and connections to community—should begin in the preschool years and continue throughout a young person's learning life. It is not for lack of knowledge that such learning does not occur. "The United States probably leads the world in accumulated knowledge about prenatal care, nutrition, child development, effective instruction, primary and secondary socialization, and much, much else as well," Lagemann notes. "The problem is not knowledge, but collective will. The problem is, alas, a moral one . . We must think and talk about what we owe not only ourselves, but each other."

A New Vision, A Grass-roots Commitment

The Albina Head Start program, which has served the needs of low-income families and their children for three decades, created Project Imani to help address the escalating need for alcohol and other drug education for three- to five-year-old children. Equally as important, Project Imani provides services to families at 16 sites offering full-day preschool for more than 300 children in Portland, Oregon.

In 1990, Albina Head Start received a $1,094,178, five-year federal grant that established Project Imani. The idea was to strengthen the refusal skills, enhance the self-esteem, and promote the decision-making abilities of young children so they could resist the pressure to experiment with drugs as they moved into adolescence and young adulthood.

Albina Head Start, with technical assistance from the Northwest Regional Educational Laboratory (NWREL), developed an alcohol and other drug curriculum guide for teachers in the Head Start program. The Imani curriculum is a flexible guide that provides much more than a "just say no" approach to AOD. It complements and reinforces the strengths of the Head Start program—its focus on family involvement, full-day child care, meeting educational goals, and building work skills in a drug-free environment.

The grant to assist with alcohol and other drug abuse also laid the foundation for writing the Project Imani curriculum guide. The program plan focused on a grass-roots effort among Head Start staff to build a comprehensive approach to preschool AOD education that would strengthen families in Albina Head Start.

The grant provided money for the Head Start program to hire a social services staff that consists of seven family team specialists who work directly with the 320 families involved in Albina Head Start. The work of the specialists is critical to the project, says Ron Herndon, director of Albina Head Start. "Imani allows us to address family needs," he says. "The rap is that all people want is a handout. That has not been our experience. Imani offers people in need a hand to hold, access to resources, and a direction to follow. We have an opportunity to help strengthen families. Now, families tell us they're able to shape their own destinies; they tell us they have more control over what happens to them and their children."

The Head Start Staff

Head Start staff have freedom to create activities and explore strategies they feel will be beneficial to families and children they serve. "I don't get hung up on any organizational charts," Herndon explains. "If people have ability, I let them explore."

Herndon tries to compensate for the long hours and low pay associated with Head Start by providing incentives and rewards for jobs well done. "As much as we can, we show people they are appreciated and celebrate their achievements with their peers," he says. "When you reward the good work that people do, you are less likely to suffer from turnover and burnout."

For example, Albina Head Start offered maternity leave long before state law required it. "We've done it forever," Herndon says. "I mean, do you have a choice when 99 percent of your employees are

women? What are we going to do? Tell them they can't come back? The message we try to give is to be fair in the ways we care for each other."

The efforts have paid off: Teachers average eight years with the Albina Head Start program, with some serving more than 20 years.

Success in Collaboration

While acknowledging that dedicated and quality staffing plays a key role in the success of the program, Herndon says that widespread collaboration is at the heart of Imani. "The pivot in the program is the Head Start staff, the families, and support from the Northwest Regional Educational Laboratory," he says.

But it is the families who take the risks and seek new and better ways to manage their lives and rear their children. In that regard, the success of Project Imani, Herndon insists, belongs to the families. "We can take credit for providing a place where children go to learn and to grow. We can take credit for occasionally providing some help to children and their families. But we can't take credit for the success of the children and the families. That is theirs."

Ethel Simon-McWilliams, associate executive director of NWREL, agrees. "This project belongs to the community—to the teachers, aides, family team specialists, administrators, families, and others who had a mindset that allowed success to be realized."

Fostering Resiliency in Young Lives

When Jan Osborne, an associate at the Western Regional Center for Drug-Free Schools and Communities, surveyed the landscape for preschool drug prevention curricula in 1989, she found scant pickings. "There really wasn't any strong research base or existing curriculum when we got started," she says. "But there was a need. As we all know, drugs are impacting our families in one way or another."

Osborne worked with colleagues Karen Reed Wikelund, Mark Harris, Roy Gabriel, and others to create the *Project Imani Early Childhood Alcohol and Other Drug Use Prevention Curriculum*. The curriculum includes nine units and more than 45 activities involving children and their families in lessons focusing on self-concept, feelings, decisionmaking, responsibility, family, community, safe and unsafe substances, alcohol and other drug use, stress reduction, and uniqueness. Curriculum activities focus on:

- Increasing awareness about the use of alcohol and other drugs
- Making wise choices about health and evaluating safe and unsafe substances
- Developing positive coping skills for stress reduction
- Becoming aware of individual uniqueness and enhancing self-concept
- Increasing individual ability to make decisions and to accept responsibility
- Identifying feelings and becoming more comfortable expressing them
- Promoting a sense of family and community

"Project Imani is designed to strengthen the ability of Head Start children and their families to stay drug free," Osborne says. "This curriculum, with its emphasis on self-esteem, health, good choices, and AOD issues, helps children learn to make good choices for themselves at an early age. The program helps kids identify unsafe, unhealthy substances and make good choices about them."

Elaine Harrison, an Albina Head Start teacher for 11 years, says children are exposed to drugs in their neighborhoods, their families, and through the media. "Because children are exposed to drugs, they need to learn how to identify them," she says. "The curriculum empowers kids to open up and talk about drugs. Imani helps families break down the silence."

Teacher Involvement Critical Early in Process

After Osborne and her colleagues identified a "whole slew of activities" for the Imani curriculum, teachers from Albina Head Start reviewed the guide and offered suggestions. For the final version, Osborne and Lillian Waddle-Ashton, Albina Head Start education coordinator, set up three regional meetings with teachers to discuss the curriculum and gather additional suggestions.

The meetings were organized around the 16 Albina Head Start centers scattered around the Portland area. All 16 of the Head Start lead teachers attended the meetings, as did more than 30 assistant teachers. They offered more

than 100 suggestions for the curriculum, which, together with the teacher's name and the center where she teaches, have been included in the Imani curriculum guide.

"The teachers helped plan the curriculum," notes Waddle-Ashton. "They had a strong voice in deciding what should be included and what should not be included in the guide. That's why it worked so well. Teachers had ownership of this project from the beginning."

Teachers selected Imani curriculum activities that would fit with the *Head Start Super Start Curriculum* already in use at Albina Head Start. The Imani curriculum is a guide that teachers can add to and draw from; it is not a mandate they must adhere to. "We knew when teachers used the curriculum they would modify and extend the activities to meet their particular needs," Osborne says. "They make it their own. They personalize the curriculum."

Two Classrooms, Two Approaches

A visit to any of the 16 Albina Head Start sites confirms Osborne's observation that teachers do, indeed, personalize the Imani curriculum. For example, at the Brooklyn site in Southeast Portland, 14 preschool children sit in a circle and participate in the adventures of "Scat the Cat," a sleek black feline cut from felt and attached to a display board. On cue, the children chime the song along with teacher Sherri Wright: "I'm Scat the cat, I'm sassy and fat, I can change my colors just like that."

Then, quick as a hiccup, Scat changes colors as Wright lays a green replica of the cat over the black original. But Scat the green cat runs into problems, so she changes to red, then yellow, then blue. Finally, she realizes the value of her original color, of being herself, of liking who she is, and Scat the cat returns to her original black color.

The message for the three- to five-year-olds in Albina Head Start is clear: Like Scat the cat, they can find happiness in being themselves and beauty in who they are. "It's OK to be different," Wright tells the children, "and it's OK to be you."

But the lesson doesn't end there. Children next pick the color they would like to be, then choose a marker and print the letter of that color in one of four columns on a large sheet of paper. When they've completed that task, they count the number of letters in each column, note similarities and differences, and hang their work on the wall. Clearly, academics are being integrated with the lessons on making choices, self-esteem, and confidence-building.

"Children are exposed to so much more and so much earlier than even a few years ago," Osborne says. "We needed a curriculum that addressed the contradictions and confusion, but that was appropriate for this age group. At this age, children need activities to develop their self-esteem and confidence."

But Scat the cat? What does the story of this fickle feline have to do with alcohol and other drugs?

A good deal, says Head Start teacher Debi Coffey. "We came up with this activity and adapted it for our children," she says. "A lot of the Imani we do is self-esteem based. We're giving these kids the opportunity to make choices within a structured environment. They're also learning to feel good about who they are and not putting others down. These children need to feel comfortable with themselves."

By learning about choices early on, children can build a framework for making healthy choices throughout life. "It's really important for them to learn to work together," Coffey says. "We give them the opportunity to make choices constantly so they can practice, practice, practice. Then they'll have the skills to say no to drugs, to say no to strang- ers, and to say no to the pressures they'll face from peers and others."

In North Portland, another group of Head Start children are pasting advertisements clipped from magazines and newspapers onto butcher paper. There are two categories in which children can place their ads—one marked "unhealthy things," and one marked "healthy things."

The kids are learning the differences, some of them quite obvious, and others more subtle. They paste items advertising cigarettes, liquor, beer, coffee, wine, and over-the-counter drugs into the unhealthy category. Healthy items include fruits, vegetables, juices, turkey, and other foods and drinks.

Teachers help children sift through some of the contradictions they notice about the placement of some of the items. Coffee, notes teacher Betty Scott, is a drug. "A lot of grown-ups drink coffee, and they can make that choice," she tells the children. "But coffee is not for children." Other caveats are offered for over-the-counter drugs, which children are told can help people when they are sick, but which should never be taken without the help of a trusted adult. "Children don't take medicines by themselves," Scott says.

Teachers and classroom aides have embraced the Imani concept and added to it with their own suggestions and exercises, Osborne says. "The most amazing thing is that the teachers always want more. They wanted more activities and more ideas. They didn't feel burdened by the curriculum. They were asking, 'What else can you give us?'"

The Need for Staff Development

Staff enthusiasm and support for the new curriculum did not negate the need for extensive teacher training. Some teachers were uncomfortable with alcohol and other drug education and confused about how to present it to young children. Initial staff development focused on the curriculum content—how to present it and how to respond to questions and issues that arise among children. "For the first couple of years, we had a lot of training," Waddle-Ashton says. "This was new to all of us. As the

years passed, we gained experience and didn't need as much training."

The staff training was necessary for successful implementation, but additional development opportunities arose as teachers began using the curriculum. "What we found," Osborne says, "was that teachers also needed training about AOD issues. This was new information and new material for everyone."

In addition, some teachers found that working with the curriculum stirred up personal memories about alcohol and other drug issues in their own lives. "Sometimes, they needed to go into their own past and get rid of some of their own baggage," says Nancy Kimmons, Head Start social services and parent involvement coordinator. "Alcohol has touched the lives of a lot of people in the community." An outside consultant was commissioned to facilitate a weekend retreat in which staff discussed personal issues involving alcohol and other drugs. "We felt it would be better to have someone who was not as intimately involved with the issues and the project," Osborne says. "We felt that everyone involved—administrators, teachers, aides, and NWREL staff assigned to the Imani project—should be going through this together. That way, we could all expose some of the raw nerves that AOD issues bring up. It also meant that we would all be starting from the same place with a fresh new approach."

Waddle-Ashton says the depth of feeling that implementing Imani raised was surprising. "There were so many issues that came up with our staff—emotions that they had to deal with about AOD in their lives. When we first started, teachers helped design the curriculum. But when we started implementing it, they discovered that they had a lot of personal emotional issues. They really had difficulty with it. Once we did the training, teachers felt comfortable going into the classroom with the curriculum. We all felt a kinship with this program."

When implementing an AOD curriculum, Osborne notes, administrators must be sensitive to the needs of staff and the personal issues that can emerge. "It's not like putting in a math curriculum," she says. "There are a lot of issues that go into it. Ongoing training and support are critical."

It is also critical to know when to offer staff training on adult issues that emerge with alcohol and other drug education. "In retrospect, teachers felt they should have had this training earlier," teacher Elaine Harrison says. "There were activities that made some people pretty uncomfortable."

Timing is critical, Osborne says. "In some situations, it may be better to wait until the curriculum is in place before offering a staff retreat to work on these issues. By waiting, you can allow issues to surface. You don't want to ask people what they want before they know what they need. The key is to be prepared because it will bring up personal issues. You need to know your community and the resources that are available to help. Be prepared to offer follow-up services as well."

Imani Stresses Family Involvement

For parent Brenda Enquist, Imani has provided a way to talk with some of the 58 foster children she has taken in over the past two years. "Some of these kids are in foster care because of AOD issues," she says. "Imani has helped me explain why a child is with me, why she's in foster care, and what issues her mother or father might be dealing with."

At times, children challenge their parents' habits after learning about healthy and unhealthy practices. Enquist says her four-year-old son once questioned her about drinking a beer. "He said, 'Don't drink that beer. And if you do, don't drive.' I dumped the beer out. I didn't want him to be confused."

Another parent, Waddle-Ashton says, confessed that her child challenged her smoking cigarettes and marijuana. "The parent came in and said, 'I'm not going to tell you I won't smoke weed anymore, but I will tell you I won't smoke in front of the kids anymore.'"

It's a start, note Head Start and Imani workers. Parents and other family members begin to recognize the effects of their own involvement with alcohol and other drugs on their families. They also begin to realize that they are role models for their children.

Trust Essential to Program

Imani and Head Start staff must respect the confidentiality of what parents tell them. "We have to work to gain a family's trust," Kimmons says. "We don't want them to be afraid that what we know about them is going to hurt them."

Family team specialists and Head Start teachers must be sensitive to the difficulties that family members may be experiencing. "We're not the police," Kimmons says. "We just don't want the kids to use. We want them to make good decisions. We're not here to turn families over to law enforcement, but we will help them find other resources that can help them."

The Imani Project has published the *Albina Head Start Resource Manual* that includes agencies and organizations that provide services in child care, counseling, food and emergency services, family assistance, legal assistance, medical care, education and employment training, and local crisis hotlines. The manual is available at all Head Start sites, and a condensed version is given to each family in the Albina Head Start program.

Parents and other family members may not always be comfortable when confronted about unhealthy habits or substance abuse, but they appreciate that their children are getting the message about alcohol and other drugs at an early age. In fact, says Nancy Smith, a family team specialist, parents are supportive. "A lot of parents are really glad to hear this is part of our curriculum, that the kids are going to start learning about alcohol and other drugs and making good choices this early."

The Imani curriculum is explained to parents or other primary caregivers when their children are enrolled in the Head Start Program. "We tell them up front what we're

going to do in the classroom," Waddle-Ashton says. "And we tell them they have a choice if they want their children in this program or not. We've never had an instance where a parent was resistant to our Imani program."

Imani makes alcohol and other drug education a priority. Waddle-Ashton, who also serves as Imani curriculum director, provides ongoing and consistent leadership and ensures that the curriculum is implemented. Imani is designed to be used at least once a week, but teachers often choose to present it more often. The curriculum is flexible; its focus on safety, problem solving, and self-esteem makes it compatible with activities in the preschool setting.

"There is a need," Kimmons says. "If we don't teach them now, then we've done a disservice to the children." Adds Waddle-Ashton: "We have an opportunity to make a difference with our children. We're giving them the tools to make wise choices."

Fostering Resiliency

Project Imani, with its focus on strengthening children, their families, and their roles in the community, is fostering resiliency among children in the Albina Head Start program. Traditional research in social and behavioral sciences focused on a "pathology model" that examined problems, disease, illness, incompetence, deviance, and other dysfunctions, notes Bonnie Benard in *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community*. However, this pathology model of research produced several longitudinal studies showing a high percentage of "children growing up under conditions of great stress and adversity . . . became healthy, competent young adults."

More recently, researchers have been asking what it is that allows some children—born into poverty and largely ignored by society—to grow into healthy, even thriving adults. How do some children—raised in homes infected by alcohol or other drug addiction, physical or sexual abuse, or other dysfunctional factors—fight through their despair to lead productive lives marked by "working well, playing well, and loving well?" Why is it that some children raised in miserable conditions "make it," while others do not?

Researchers are asking these and other questions with increasing frequency as they shift the focus from "risk factors" to "protective factors" in the lives of children raised in troubled homes, communities, and conditions. "Even in the most terrible homes, and beset with physical handicaps, some children appear to develop stable, healthy personalities and to display a remarkable degree of resilience, i.e., the ability to recover from or adjust easily to misfortune or sustained life stress," notes researcher and educator Emmy E. Werner.

Such children have recently become the focus of attention of a few researchers who have asked

Protective, Risk Factors Differ in Distinct Ways

RISK FACTORS

Family

- Family management problems:

Unclear expectations for behavior
Lack of monitoring
Inconsistent or harsh discipline
Lack of bonding and caring
Marital conflict

- Condoning teen use of AOD
- Parent misuse of tobacco/AOD
- Low expectations of children
- Family history of alcoholism and drug problems

School

- Negative school climate
- School policy not defined
- Availability of tobacco/AOD
- Transitions between schools
- Academic failure
- Lack of student involvement
- Labeling and identifying students as high risk
- Truancy and suspension

Peers

- Early antisocial behavior
- Alienation and rebelliousness
- Favorable attitudes toward drug use
- Early first use
- Peer influence and reliance greater than that of parents
- Friends who use tobacco and AOD

Community

- Economic and social deprivation
- Low neighborhood attachment and community disorganization
- Lack of employment opportunities and youth involvement
- Easy availability of tobacco and AOD
- Community norms and laws favorable to misuse

PROTECTIVE FACTORS

Family

- Seeks prenatal care
- Develops close bonding with child
- Values/encourages education
- Manages stress well
- Spends quality time with children
- Uses a high warmth/low criticism parenting style (not authoritarian or permissive)
- Is nurturing and protective
- Has clear expectations
- Encourages supportive responsibilities

School

- Expresses high expectations
- Encourages goal-setting and mastery
- Staff views itself as nurturing caretakers
- Encourages prosocial development
- Provides leadership and decision-making opportunities
- Fosters active student involvement
- Trains teachers in social development and cooperative learning
- Involves parents
- Provides alcohol/drug-free alternative activities

Peers

- Involved in drug-free activities
- Respect authority
- Bonded to conventional groups
- Appreciate unique talents of group members

Community

- Norms and public policies support non-use among youth
- Provides access to resources (housing, health care, child care, job training, etc.)
- Provides supportive networks and social bonds
- Involves youth in community service

Northwest Policy, September 1992

"What is right with these children?" and, by implication, "How can we help others to become less vulnerable in the face of life's adversities?" Werner, along with Michael Rutter and Norman Garmezy, pursued the concept of resiliency at a time when many researchers subscribed to a "risk factor" framework for prevention. This approach focuses largely on an array of environmental, family, and interpersonal characteristics that place some children at higher risk than others for use and abuse of alcohol and other drugs. Prevention programs guided by this theory seek to reduce those risk factors and, therefore, reduce the likelihood of alcohol and other drug use.

"While certainly a giant step in the right direction, the identification of risks does not necessarily provide us with a clear sense of just what strategies we need to implement to reduce the risks," Benard writes. "What clearly becomes the challenge for the 1990s is the implementation of prevention strategies that strengthen protective factors in our families, schools, and communities."

What emerges from the research into protective factors is a profile of resilient children, families, schools, and communities. Among the attributes of resilient children, Benard notes, are:

- Social competence: Flexibility, responsiveness, empathy and caring, communication skills, a sense of humor, and any other prosocial behavior
- Problem-solving skills: The ability to think abstractly, reflectively, and flexibly and to attempt alternate solutions for both cognitive and social problems
- Autonomy: A sense of self-identity and an ability to act independently and exert some control over one's environment
- Sense of purpose and future: The belief that one can have some degree of control over one's environment; healthy expectations; goal setting; persistence; success orientation; achievement motivation; educational aspirations; hardiness; belief in a bright future; and a sense of anticipation, of a compelling future, and of coherence

Protective factors in the family, school, and community include caring and support; high expectations; and encouraging, valuing, and creating opportunities for children's participation in the life and work of their family, school, and community. The resilient child often is described as one who "works well, plays well, loves well, and expects well," Benard notes.

One Person Can Make a Difference

Children growing up under adverse conditions often find strength and guidance in "one family member, one teacher, one school, one community person (who) encouraged their success and welcomed their participation," Benard writes. Providing strong links between children and their families, schools, and communities can help young people overcome adverse conditions and lead lives in which they "work well, play well, love well, and expect well."

Project Imani and Albina Head Start provide the framework for raising resilient children and for strengthening families and communities. "The whole project," says Judith A. Johnson, director of the Western Regional Center for Drug-Free Schools and Communities, "fosters resiliency. It's addressing the needs of children and families."

Adds Herndon, "You'll never hear us talk about our children as being at risk. Their full potential is respected at all times. We're all very fortunate. We work with young children in a community where we can see them grow up."

What We Learned

Project Imani relied on the input of a large cast of characters in the development of its curriculum guide. Among the keys to success of an effective AOD education program at the preschool level are:

- Involve teachers and assistants early in the process
- Solicit staff suggestions and include them in the curriculum guide
- Include families in homework activities
- Allow staff flexibility in use of curriculum
- Assign a curriculum coordinator to work with staff
- Provide staff development and training
- Be prepared to address adult AOD issues with staff
- Know the resources available in your community that can help staff address personal adult AOD issues
- Provide ongoing support and training
- Promote protective factors (resiliency) in children
- Communicate frequently and openly with staff and families about the goals and objectives of the curriculum
- Observe children, listen to their concerns, and follow-up on their questions about AOD issues

Assessing Imani

Evaluation of Project Imani has relied on several activities and has required flexibility and patience. An early attempt to develop benchmark data was unsuccessful because the methodology used did not coincide with the nature of the project, says Jerry Adams, evaluation manager of Project Imani.

"When Project Imani started, few families acknowledged personal problems with alcohol or other drugs," Adams says. "Only one-half of 1 percent of survey respondents said they had AOD problems. The results were not just low, they were irrelevant and would have been inconsistent with any community."

However, in later one-on-one interviews conducted by Project Imani staff, AOD issues emerged for more families. In effect, families were more willing to share personal information once they had confidence in the program and the people in it. "This is not an issue of truthfulness or dishonesty," Adams says. "It's denial, and it's a dynamic that is very consistent with alcohol and other drugs."

Evaluators modified their efforts and employed some unconventional methods to obtain more accurate information. "We violated the traditional evaluation by having families interviewed by staff," Adams says. "Conventional wisdom says that you have outside evaluators come in to assess the project. But impartial query is bogus query when you're trying to find out what's going on in people's lives. We needed to establish a base of trust, and that takes time. We also needed to honor the oral traditions of the people we were working with and modify our evaluation efforts."

Family team specialist Nancy Smith agrees. "The trust level was built up over a period of time," she says. "There's been so much tragedy that's touched our community. People feel that they have got to watch out for themselves."

Imani Opens Lines of Communication

Family team specialists personally interviewed each of the 320 families twice during the school year. In addition, they conducted detailed personal interviews with 34 of the families to determine the effectiveness of Project Imani and the impact it was having away from the classroom.

Families reported that lines of communication about alcohol and other drug issues had improved as a result of their participation in Project Imani. Thirty-three of 34 respondents indicated that they were more comfortable dealing with issues concerning alcohol and other drugs, and all respondents said they talked openly with their children about AOD issues. Nearly as many, 29, said they talked openly about such issues with their spouses, primary partners, or other family members.

Significantly, 15 of 32 respondents said their increased awareness of AOD issues had influenced them or another family member to seek treatment or counseling services such as attending Alcoholics Anonymous meetings, receiving counseling for themselves or other family members through Albina Head Start, and encouraging other family members to begin AOD recovery treatment. "Some parents noted that it is difficult to combat the draw of money that can be made from selling drugs," notes a report on

the family survey. "It is often a much stronger draw than being clean and sober."

Nonetheless, respondents reported encouraging efforts and positive changes in terms of AOD in their families. One respondent said that two family members had sought treatment. Other respondents said they had sought counseling for themselves, and still others reported that extended family members—an aunt, uncle, brother, sister, or others—had sought treatment.

Twenty-six respondents reported an increase in setting personal as well as family goals, and many said they were setting employment and education goals. Others said they had increased efforts to get off public assistance, to lead clean and sober lives, to get in stable relationships, and to improve their parenting skills. Families also are finding they have more reasonable expectations of themselves and their children. "They are learning that even the simple things may actually be huge accomplishments," the report notes. "Parents are making a positive home environment and a better way of life for their children a priority."

Children also are benefiting from their participation in Project Imani. They talk about alcohol and other drug issues at home, comment about AOD issues when watching television, begin to identify that some behaviors may be AOD related, and question their family members' use of alcohol and other drugs.

Other findings include:

- Twelve of 27 respondents reported receiving various forms of counseling including career, job-readiness, AOD, mental health, and personal/emotional
- Twenty-six of 30 family members reported improved self-esteem since being involved in the program
- Twenty-seven of 32 respondents are more involved in their children's lives, and 25 of 29 said they are volunteering in classrooms and helping with field trips, fund raisers, and on the policy council

- Twenty of 32 respondents have used the *Imani Resource Directory*, a guide to community resources that is provided to families involved in Imani
- Fourteen of 32 family members said they had worked with a social worker other than the family team specialist

Imani Works Well with Other Programs

Project Imani has received hundreds of requests for the curriculum from early childhood and other educators across the country. In January 1994, Imani completed a telephone survey to gain insights into three questions:

- Did the organizations or agencies receive copies of the curriculum in response to their request?
- To what extent, and in what ways, are organizations and agencies using the curriculum?

- What are the strengths, weaknesses, and general impressions of the curriculum?

Forty-three organizations were selected for the follow-up study, and surveyors contacted 25 (58 percent) of the organizations or agencies. Of those, 72 percent were using the Imani curriculum in a variety of ways. For example, 10 agencies had implemented the curriculum in part or entirely, though none reported using Imani exclusively; eight other agencies used the curriculum to supplement existing drug use education efforts; and seven agencies had the Imani curriculum on file as a resource document.

Respondents gave the curriculum high marks for organization, and said that units and activities were easy to understand and implement. Teachers said they were able to use selected sections of the curriculum alongside other materials without problem, and some educators said the activities were useful with children in special education programs.

The most enthusiastic comments came when respondents discussed the family-based approach to the Imani curriculum. Teachers and program directors praised the parent/child homework activities; lessons and activities about self-esteem, social skills, and feelings; and the curriculum's sensitivity to cultural and ethnic issues.

What We Learned

When assessing the level of alcohol and other drug use among families, it is critical to honor their privacy and develop a relationship based on trust and respect. A simple—or detailed—questionnaire may put off participants and derail efforts to work with families and their children. Asking too many questions too soon may heighten suspicions.

"We've found that it is best to work slowly and allow a level of trust to develop," says Jerry Adams, evaluation manager of Project Imani. "We also found that the methodology should be orally oriented and be conducted by a trusted person." Among the other suggestions:

- Be flexible
- Be willing to use nonstandard methods. For example, family team specialists, not outside evaluators, conducted one-on-one oral interviews with family about Project Imani. It was important that family members know and trust the interviewer and feel comfortable discussing AOD and other sensitive issues with them
- Allow time for family members to develop a level of trust in the program, teachers, and family team specialists
- Respect the traditions of your families. If they come from a culture rich in oral traditions, develop evaluation tools that hone and reinforce those strengths

FTS: Vital Links Between Home and School

If there is any one element that makes Project Imani stand out from other early childhood education programs, it is the amount of support it offers families with children in Albina Head Start. "Imani allows us to address family needs," says Ron Herndon, director of Albina Head Start. "The Imani curriculum is good, but more important is the ability to work with families and help them set goals."

Imani employs seven family team specialists who are a direct link between each family and the 16 Head Start centers. This has allowed Albina Head Start to provide support at a ratio of about 45 families for each specialist, compared to more than a 100-1 ratio prior to receiving the financial assistance offered through Project Imani. "We never really had a social services staff," notes Herndon. "We had a coordinator of social services and an assistant, but it was impossible for them to address the needs of our families. We had two people to work with more than 200 families. Everything was crisis-oriented. Basically, all that was really managed was the enrollment process."

By contrast, family team specialists routinely assist families with housing, child care, employment, safety issues, counseling referrals, educational opportunities, and in other tangible and intangible ways. Family team specialists meet family members in their homes, at grocery stores, at Head Start program sites, at family-night activities, at churches on Sunday, and at community functions. During the most recent six-month reporting period, family team specialists:

- Provided outreach and had more than 5,100 contacts with families. Contacts included home visits, telephone calls, meetings at Head Start offices, and other less formal meetings; discussions focused on family goals, goals for their children, the need for social and other services, and educational opportunities and training.
- Referred 307 family members to agencies or organizations that can provide counseling, employment assistance, and other services
- Conducted 34 one-on-one interviews to gather information on Project Imani's impact on families, including their heightened awareness of alcohol and other drug issues, and the benefits that increased awareness brings to families

Herndon sees the role of the family team specialist as critical to the success of Project Imani and Albina Head Start. In fact, he has received grants from private charitable trusts that will help pay salary and benefits of the family team specialists when the federal funding for Project Imani expires. In return, Head Start has agreed to move the positions into its operating budget one at a time over the next few years. "These family services are so critical that we are going to transition the positions into our budget," Herndon notes.

Indeed, getting to know the families in Head Start communities is at the heart of Imani's efforts to develop appropriate strategies for working with and providing adequate services to the families and their children. Family team specialists must assess the concerns and interests of families and be familiar with their communication and management styles.

"The family team specialists work full-time with the parents and

families of Head Start children to encourage the development of factors which contribute to strong, positive families and children," notes Karen Wikelund in *Project Imani: An Early Childhood Alcohol and Drug Education Program Prevention Model Design*. "They also are a major link between the preschool substance use prevention curriculum and the children's home environment." Duties of the family team specialist, as noted by Wikelund, include:

- Assisting with recruitment and enrollment of Head Start children
- Conducting home visit interviews to identify family strengths, needs, concerns, and interests
- Identifying substance abuse problems and making referrals
- Serving as family advocates to ensure access to community resources that can help to strengthen home environments
- Networking and collaborating with community service agencies to improve access to services
- Providing outreach to families to maintain contact and encourage their involvement in their children's drug-free education
- Assisting with parent training workshops
- Assisting classroom staff in activities with parents
- Conducting substance use prevention activities in coordination with the project's classroom curriculum
- Conducting summer follow-up activities with families and children
- Maintaining accurate and regular documentation of contacts and activities, and documenting other information required for project evaluation

Empathy Keys Interactions

Family team specialists often act as friends as much as caseworkers for the families in Albina Head Start. The reduced caseloads allow them to be more interactive with families and more aggressive in their follow-up. The family team specialists are aware of and sensitive to the cultural aspects of the communities in which they work. "We can be a friend," says family team specialist Nancy Smith. "Once people know we're not just there to dip into their business—that we are really concerned about the welfare of their families and their children's education—they begin to trust us. They open up. They realize our interest is in their children and what's best for them."

Family team specialist Sally Frese says it is critical to develop trusting relationships with the families she serves. Often, family members have had negative experiences with social workers, educators, government agencies, or bureaucratic institutions. "When I come into people's lives and homes, I have to look at the lay of the land," she says. "Confidentiality is important. Trust is important. If they need help, it's

important for me to help them get it. We are not reporting agents. We are not the police. Families cannot fear that what we know about them can hurt them."

The exception, notes Smith, is where abuse or neglect is suspected. "If a child says that his dad let him smoke weed or drink alcohol, we have to report it. That's different. The child's well-being is at stake."

Family team specialists not only direct families to services, they also assist in getting them to the agencies. They have access to an emergency fund that can help families with groceries, bus tickets, laundry, and other needs. They also have developed a network of service providers—dentists, optometrists, and others—who will offer care to Head Start families at reduced costs. "We try to go the last mile for the families," Smith says. "We offer them referrals, but we also offer the human side of referrals."

Need for Services Varies

Many families do not need services or referrals, Frese says. "I don't have a lot of high-need families. You must remember that all our families have to be working, on a job search, or in school. Most of my families are working families."

Herndon adds that the vast majority of families in Albina Head Start are not in a crisis situation. "Not all of our families need help, and that's great," he says. "We need to concentrate our resources on the families who need the help."

And that's just what the family team specialists do. For many, the assistance they offer is similar to the assistance any family needs on occasion. And for some, it is the same type of assistance they have sought in their own lives. "They see these children and families as people who need occasional help, just like you or me," Herndon says. "They do not presume that families are walking liabilities or walking pathologies. Many of our families are looking for definition so they can navigate through life successfully. For most of us who work here, it hasn't been that long since we were in that exact same spot."

Families in Albina Head Start are at or below federal guidelines for poverty. Family team specialists work with parents to improve their job skills, education, and career options. "It's great when one of our parents finds a good job," says Nancy Kimmons, social services and parent involvement coordinator for Albina Head Start and Project Imani. "That's what we want them to do."

But children of families that have been struggling for five or six years should not be removed from the Head Start program simply because their parents find better jobs. Even when parents get better-paying jobs, it is important that families are assisted in the transition by continuing in the Head Start program. And even though the household incomes may have improved, younger siblings are often allowed to enroll in the Albina Head Start program so they can have similar educational opportunities as their brothers and sisters.

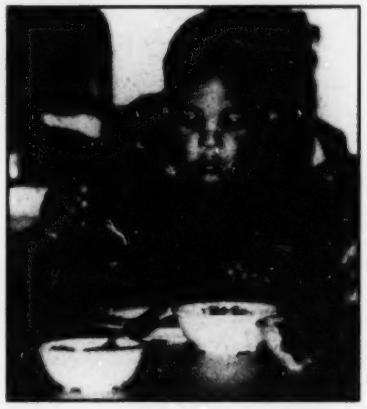
Hiring of Family Team Specialists

The guidelines for hiring family team specialists were originally set up by Karen Wikelund, an associate in NWREL's Literacy, Language, and Communication Program. Educational background, experience, and the ability to empathize all play a role. Will candidates relate to the families? Will they not talk down to them? Will they do their best for the parents and children? Many of the family team specialists live in the communities they serve, which increases the likelihood of informal meetings and conversations with families. It also can enhance trust and help build confidence. "There is something special that happens when families see the family team specialists and teachers as being part of their community," says Jan Osborne of the Western Regional Center for Drug-Free Schools and Communities.

Herndon agrees, but cautions against making someone's home address a condition of employment. "Much more important than geography is what your people have in their hearts and heads," he says. "We look for people who are sensitive to the needs of the community, who understand the cultures of the community, who are positive role models, and who view serving a community as an advantage. You have to have talented people, and you take talent wherever you can get it."

Family team specialists must want to make a difference in people's lives. And since financial rewards are not at the heart of the work, family team specialists must be allowed flexibility and creativity in the ways they do their job. "The way employees are treated is reflected in the way families and children are treated," says Lillian Waddle-Ashton, Albina Head Start education coordinator. "We want our staff to be part of a caring community. We want a strong staff."

Waddle-Ashton also looks for innovative risk-takers who are not afraid to try new approaches yet understand that they are team members. "We've got strong people with strong wills," she says. "They have a lot of freedom to do what needs to be done for families and children in ways that are most comfortable for them. They also understand that we work as a team. The employees in our Head Start program want to make a difference in people's lives—the children, the parents, the extended families. Those are the people we are looking to hire."



Frese agrees. "That is the common thread for all of us. No matter how different we are, in the end the goal is always the same—and that is to help our families get stronger."

Smith tells the story of a woman who was raising her daughter's children, then took on additional children to help out another relative. "She was raising five kids and now has taken in her sister's three grandkids," Smith says. "These are eight kids under eight years old. And she works full time. I asked her, 'How are you gonna do this? I've seen your house and it's already full.' But she said she's making room. She seems all right with it all."

Smith, though, understands that the addition of several children

to an already crowded home can be stressful. She keeps tabs on the family and helps out when she can. "I'll be there for support," she says. "I've shopped for one of the children. I bought clothes for one child that will fit several of them. I see her every Sunday at church. So I'm there for her."

Family team specialists receive 10 days of orientation and training on topics and issues that include national Head Start history and philosophy, Albina Head Start program and policies, visits to Head Start classes, Project Imani goals and methods, cultural sensitivity, alcohol and other drug use issues, community resources, and family advocacy.

What We Learned

The family team specialists are the link between the school and the home in the Albina Head Start program. Project Imani employs seven specialists who provide direct services and support to families. We learned that it is important to:

- Provide incentives and positive feedback often
- Allow flexibility in carrying out responsibilities
- Encourage and reward creativity and innovation
- Foster an environment where teamwork and communication are routine
- Hire people committed to making a difference in the lives of others
- Look for people who can relate to families, do their best for parents and their children, empathize with their clients, and work well with community agencies, businesses, and organizations
- Provide training and staff development in areas such as cultural sensitivity, AOD issues, community resources, and family advocacy

The Critical Role of Families

Albina Head Start and Project Imani are about strengthening families. In addition to the education program, Project Imani offers activities and complements family involvement programs that are a mainstay of Albina Head Start. Imani offers parent training, workshops, seminars, and other activities intended to strengthen the roles of primary caregivers in the lives of their children. "Anybody involved in the children's lives is encouraged to participate," says family team specialist Sally Frese. "It could be the grandmothers, aunts, great-grandmothers, great aunts. We see a lot of single fathers, too."

There has been a noticeable increase in family involvement since Imani was implemented, says Lillian Waddle-Ashton, Albina Head Start education coordinator. This has added to the strong framework of substantive family support already a vital part of Head Start programs everywhere. "Parents coordinate center meetings," she says. "They set the agenda for family activities and workshops. They're on our policy councils, help with business decisions, and are involved in personnel selection. They're not just cutting out paper and baking things. They're part of the business and policy aspects of the program."

Families, she adds, need to understand the critical roles they play in the education of their children. "We believe that every child can learn, and we expect every child to learn. We tell our families, 'You are your child's first and foremost teachers. We are here to help in that process.'"

Family Team Specialists and the Family

Families involved in Albina Head Start have low incomes and often lack job skills or formal education—about 50 percent have high school diplomas. About 10 percent of the children are in foster care, and many others are being raised in single-parent families. Furthermore, it is not uncommon to find some families dealing with loss: a death of a family member, incarceration, abandonment, or alcohol and other drug issues.

Family team specialists stress the importance of confidentiality and of allowing time to build trust in their relationships with families. "We're going to get to know these families eventually," Smith says. "We see them once or twice a week, even if it is for just a few minutes."

When the custodial parent enrolls the child, the parent is assigned a family team specialist who interviews family members and develops a profile of family needs. The focus is on improving family life through a better job, better housing, or educational improvement. "We not only give the children a head start," says Waddle-Ashton. "We're also giving the parents and families a head start."

Family Activities

"The idea of Project Imani is to empower families," says Jan Osborne. "The family team specialists are not just saying here's the phone number for a resource, now go call this person. They take them through the process and show them how to do it." Such empathy goes a long way toward encouraging an open and ongoing line of communication among the family team spe-

cialists, Head Start family members, and Head Start teachers. "Imani gives us a few more people to work with families," says Frese. "It also gives us more time to get out in the community, to improve the quality and depth of what we can provide our families."

Parents and other caregivers in Head Start must meet federal income guidelines to participate, but also must be working, attending school, or seeking work. In exchange, they are assured of full-time, quality child care in an environment that supports families and children. "We don't just baby-sit the children," says Nancy Kimmons, parent involvement and social services coordinator for Albina Head Start. "We teach the children."

When families enroll their children, they become part of a community and buy into the innovative programs offered through Head Start. "When people come to Head Start, they come because they want to come," Kimmons says. "They stay because they want to stay. There are no court orders."

Imani provides sit-down meals to parents who participate in Head-Start/Imani-sponsored seminars and provides child care staffed by a Head Start teacher. Even here, the focus is on helping the children to learn, play, and live well. Children participate in structured activities such as safety lessons provided by a Portland police officer. The incentives are practical ways to help families become involved. "You can't expect someone who has worked all day and then picked up three kids to go home and fix a meal before going back out to a meeting," Frese says.

Activities are attended by about 10 percent of the families, but Head Start officials say they are not discouraged. "We might see only 25 or 30 families," says Kimmons, "but that doesn't mean we're not reaching them. We expect our parents to be working, looking for work, or going to school. Not all of them are able to come to night meetings. But families also volunteer in the schools, prepare materials for classroom activities, help repair things, and provide maintenance. Parents painted one of the centers. There's all sorts of ways for parents to be involved."

Family members also complete parent report cards which provide Head Start and Imani with information on how well they are meeting the needs of families and how they can better serve them. Family evaluations, compiled at the beginning and end of the school year, set the agenda for parent workshops. In the evaluations, families indicate their preferences for training that would be most useful to them. Initially, Project Imani offered one-shot, single-night seminars. More recently, though, seminars have shifted to a series format. For example, a parent survey indicated that effective discipline was one of the major concerns shared by families. As a result, Imani and Albina Head Start offered a training series on discipline. Imani uses a variety of sources to increase family involvement in seminars, workshops, and other activities, including:

- A routinely published newsletter
- Teachers sending reminders home with children
- Phone trees and conversations

- Flyers
- Seminars offered on topics of interest to parents
- Incentives, such as mugs, hats, gift certificates, etc., offered at parent events

The most effective way to involve parents in activities is to talk to them directly. "The single most important factor is personal contact," Frese says.

The Parents

When implementing Project Imani, it is important to explain the program's goals—self-esteem, decisionmaking, safety, health, AOD awareness, and others. Parents and other primary caregivers have been supportive, but need to be well informed of activities and objectives. "We are up front about AOD issues," says Waddle-Ashton. "There is not a parent who doesn't want their children to have a good education, and that includes everything."

The Imani curriculum on AOD issues touches both children and families. Imani focuses on prevention, not intervention. It offers children information, role models, incentives, and awareness of AOD issues. Frequent reminders through curriculum activities keep alcohol and other drug issues in the forefront for children and their families. "Often, children growing up in drug-infected families learn three guiding principles: Don't talk. Don't trust. Don't feel," Osborne says. "Family support and openness about AOD break down those rules. The silence is broken. It's significant. It's hope."

Waddle-Ashton agrees. "It is no longer a secret. But our approach is not judgmental or accusatory. The program relies on good communication and trust. It provides support for the family, particularly if the parent is recovering from alcohol or other drug dependence."

Children are often separated from family members who are in recovery for alcohol and other drug dependency. When the family member returns, there is a transition period when support and understanding are essential for the recovery to continue. Imani provides such support. "Whenever I see a mom who's in recovery, I always tell her to call me," Frese says. "That's as important as getting into recovery in the first place."

Giving Back to Imani and Head Start

Parents often volunteer their skills to the Head Start and Imani programs when they see how they have been assisted by them. "Head Start and Imani gave me a lot of help on a lot of things," says parent Tanya Williams. "I finished high school. I don't know how I could have gone to school and afford child care. It was good to know that my kids were learning and doing healthy things while I was in school."

Imani, with its network of family team specialists, provided emotional support for Williams, who was also working while she finished high school. "I'd have some down times," she says. "It was nice to know that I could go to Nancy (Smith) and get some help. She's been there for me.

That's why I'm always volunteering. I want to give something back."

Parents report that Imani is working for them and their children. Brenda Enquist, who has provided a home for 58 foster children in the past two years, says the children are learning, too. "They learn so much," she says. "They're more patient. They're better behaved. They play better with others. It's a big head start for them."

Reaching Out to Men

Imani also sponsored a men's night out where fathers and other male caregivers met to discuss issues in their families and communities and to provide support to each other. Twenty-seven men attended "Men's Night Out: A Positive Role Model," which included dinner, entertainment, speakers, and an opportunity to get to know other men with children in the Head Start/Imani program.

Family team specialists encourage men to set positive examples and take active roles in their children's education. "I, for one, am pushing them," notes Smith. Adds Kimmons, "Men's Night Out lets them know that other men like them want to get involved. It lets the men in these children's lives know that it's OK to be a part of Head Start."

Men enjoyed the evening, as well: 95 percent of those attending the workshop rated it "great," with the remaining 5 percent saying it was "pretty good." "This provided me with another evening I could spend with my son," noted one father. "I'm always grateful for this."

The focus of the evening was to encourage men to read to their children. For some, it was a validating message. "I already read to my daughter and play tea parties," noted one father. "It is a good idea for all fathers." For another father, it marked a renewed interest in helping his children: "I accept the challenge to read as many books as possible to my child," he wrote. Added another father, "I can apply the methods of reading and accepting responsibility for all children in my everyday life."

Men's Night Out has spurred increased involvement by men in classroom activities: more men are volunteering to assist on field trips, participating in the classrooms, helping with maintenance, and repairing equipment and toys. Two other workshops were offered in 1994: "Women's Night Out: Celebrate Yourself," which was attended by 70 women; and "Transition Night: Kindergarten Roundup."

Helping Students Make the Transition to Kindergarten

Imani and Albina Head Start have a transition program that follows children into Portland Public Schools. During kindergarten roundup, family team specialists meet with family service coordinators from the Portland Public Schools. "When it comes time to cross the bridge from our program to

Portland Public Schools, they can help the children with that transition," Waddle-Ashton says.

The family service coordinators follow the children as they go into public schools and help families as they transition out of Head Start with services they have previously received from Imani.

Community Resources

Imani produces two community resource directories—a detailed one that is available at each of the centers, and a smaller parent version that goes to families. Imani works with a variety of social service agencies, housing developments, law enforcement officials, civic organizations, and other agencies in Portland. Albina Head Start staff serve on several agency boards. This involvement helps establish an Imani "presence" and provides personal contacts with colleagues working in other agencies.

Examples of Head Start and Imani collaborative efforts with other agencies include:

- An agreement with Portland Housing Authority to reserve classroom space in the Head Start program for families in low-income housing in exchange for rent-free space for the Head Start centers.
- Arrangements with local medical, dental, and other facilities which will serve families on a sliding scale basis.
- Donations of time and assistance to Imani families and program. For example, each of the 320 Head Start families is adopted by a business, industry, or union in the Portland area. "When they adopt, they do something for the family, not just the child who is in Head Start," Kimmons says.

Different Ways of Seeing the World

Project Imani offers families and children a different way of seeing the world. It opens them to possibilities and helps them see that they can have more control in their lives. Such a shift in one's outlook cannot be minimized; it creates ripples throughout neighborhoods, communities, and cities.

Frese tells the story of a woman who was in an abusive relationship, but did not feel she had the resources or skills to survive apart from it. "We referred her to a shelter, she got some help, and she finally left the abuser," Frese says. "Today, she works in a shelter helping other battered women."

This "ripple effect" of care helps change communities in positive ways. "You're changing the way the world works for people," says Adams, evaluation manager of the

Imani project. "You end up with a different community than when you started. You haven't helped just this parent or just this child, but you've touched upon a different way for a community to work. The community changes through the subtle impact of one person helping another. This becomes a key model—a community in which people work better together."

The difficulty, Adams says, is in documenting such changes. "A longitudinal study is needed to show how single acts of concern and compassion affect whole communities over a period of time," he says. "Imani is typical of a grass-roots effort. Its impact is invisible, long term, and ongoing."

What We Learned

Project Imani seeks to strengthen families and their interactions with their children. In working with families in as sensitive an area as AOD education, we have found it is important to:

- Respect their confidentiality
- Involve them in the education of their children through homework activities, classroom assignments, and appointment to policy, business, and other committees
- Communicate the goals of Project Imani early and often
- Offer support whenever possible; do not judge or accuse
- Assign family members to a family team specialist when they enroll their children
- Ask families what type of training, workshops, and seminars they would like
- Provide a variety of ways for families to be involved (classroom activities, committee work, helping with homework, providing resources for the classroom, fixing toys, maintaining classrooms, etc.)
- Provide incentives so people can attend Head Start functions (child care, meals, transportation, etc.)
- Provide opportunities for family members to evaluate your program
- Communicate with families in a variety of ways, such as newsletters, phone trees, flyers, daily conversations, and others
- Provide ongoing support to parents and other family members in recovery and other self-improvement programs
- Make special efforts to involve men in the lives of their children

Those Who Helped

This manual represents the combined efforts of a lot of people who have been involved with Project Imani during the last five years. They have contributed their advice, their expertise, and their skills in an effort to make the world a better place for children and their families in the Albina Head Start program. To name all of them would be a daunting task, because to miss any of them would be a dreadful oversight. So to all those who have made Project Imani the success it has become, thank you; it could not have happened without you.

In preparing *Project Imani: Changing the Way the World Works for People*, the author would like to thank Jan Osborne, Annie Woo, Janice Worthington, Margaret Gunn, Jerry Adams, and Judith A. Johnson of the Western Regional Center for Drug-Free Schools and Communities for their time and commitment in providing information and reviewing this document; Ethel Simon-McWilliams, associate executive director of the Northwest Regional Educational Laboratory, for her vision and assistance; Ron Herndon, executive director of Albina Head Start, for his bold leadership; Lillian Waddle-Ashton, Nancy Kimmons, Nancy Smith, Mamie Gaddis, Sally Frese, and Elaine Harrison of Albina Head Start for their thoughts and ideas; Carolyn Young, Sherri Wright, Debi Coffey, Judy Kravitz, Betty Scott, Diane Simms, and Audrey Sylvia, Head Start teachers who let me invade their classrooms, observe their unique approaches to working with young children, and photograph their preschoolers at work and play; to Rick Stier for his excellent photography; and to Denise Crabtree for her patience and skills in proofreading this guide and her care in providing the desktop publishing.

I'd also like to thank all the Albina Head Start children and their families who shared their stories, insights, and experiences.

References

Albina Head Start Resource Manual, (1994), Portland, Oregon: Albina Head Start.

Benard, B. (1985, June). A look at changed lives. *Prevention forum*, 5, 9-15.

Benard, B. (1991). *Fostering resiliency in kids: protective factors in the family, school, and community*. Portland, Oregon: Western Regional Center for Drug-Free Schools and Communities.

Brown, A. G. (1987). *I'm a wonderful kid: prevention program for children*. Hartford, Connecticut: Regional Alcohol and Drug Abuse Resources.

Fetro, J. (1991). *Step by step to substance use prevention: the planning guide for school-based programs*. Santa Cruz, California: Network Publications.

Gabriel, R., and Einspruch, E. (1991). *Project Imani Year 1 evaluation report*. Portland, Oregon: Northwest Regional Educational Laboratory.

GossMan, H. (1989, June) Meeting the needs of all children: an Indian perspective, *Child Care Information Exchange*, 29-31.

Howze, K. (1992). *Substance abuse prevention for preschoolers*. St. Petersburg, Florida, Juvenile Welfare Board of Pinellas County

Kneidek, T. (1994, February-March). Bulletproof: guns and violence in school, *Northwest Policy*. Portland, Oregon: Northwest Regional Educational Laboratory

Lageman, E. (1994, Winter). Character and community. *Teachers college record*, 96, 141-147.

Mondeaux, F., and Shulman, R. (1994). *Albina Head Start Project Imani curriculum follow-up, March 1994*. Portland, Oregon: Northwest Regional Educational Laboratory.

Noddings, N. (1992). *The challenge to care in schools: an alternative approach to education*. New York, New York: Teachers College Press

Oyemade, U., and Washington, V., (1989, July). Drug abuse prevention begins in early childhood (and is much more than a matter of instructing young children about drugs!), *Young children*, 44, 6-12.

Austin, G., and Prendergast, M., (1991, Winter). *Prevention research update No. 8: young children of substance abusers*. Portland, Oregon: Western Regional Center for Drug-Free Schools and Communities.

Schweinhart, L., Barnes, H., and Weikart, D. (1993). *Significant benefits: the High/Scope Perry Preschool Study through age 2*. Ypsilanti, Michigan: The High/Scope Press.

Staff. (1994). *Drug impact index* (fifth edition). Portland, Oregon: The Regional Drug Initiative and the Western Regional Center for Drug-Free Schools and Communities.

Staff, (1987). *Growing up strong: a mental wellness and chemical abuse prevention program for preschoolers*, second edition, 1987, Norman, Oklahoma: University of Oklahoma. (Also available for Native American and Spanish-speaking children).

Staff, (1992, September) Resilient children: 'making it' in a tough world. *Northwest Policy*. Portland, Oregon: Northwest Regional Educational Laboratory.

Staff, (1994, May-June). School-based service: learning from the heart as well as the head," *Northwest Policy*. Portland, Oregon: Northwest Regional Educational Laboratory.

Steele, C., *The early years: substance abuse prevention education*, Troy, New York: Rensselaer County Department of Mental Health.

Wikelund, K. (1992, June) *Project Imani: an early childhood alcohol and drug education program prevention model design*, (revised edition). Portland, Oregon: Northwest Regional Educational Laboratory.

Werner, E. (1984, November). Resilient children. *Young children*, 40, 68-72.

Werner, E. (1989) High risk children in young adulthood: a longitudinal study from birth to age 32 years. *American journal of orthopsychiatry*, 59, 72-81.

Winfield, L. (Ed.) (1991, November) Resilience, schooling, and development in African American youth. *Education and Urban Society*, 24, 5-14.

Woo, A., Adams, R.J., and Worthington, J. (1994). *Project Imani Albina Head Start CSAP Semi-Annual Report, February 1994-July 1994*. Portland, Oregon: Northwest Regional Educational Laboratory.